

State in detail how you were damaged by the conduct alleged in your Second Amended Complaint and itemize the amount of damages sought for each claim.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 5:

LIGONS' ANSWER

1. Deterioration of internal organs, including circulatory system and liver.
2. Exacerbation of insulin dependent diabetes mellitus.
3. Joint pain, neuralgia, fatigue.
4. Ronaldo Ligons attaches and incorporates his May 10, 2016 affidavit to this answer.
5. Monetary damage? Let the jury decide that, in excess of \$75,000

MICHAELSON'S ANSWER:

H.C.V. Symptoms that I have experienced

1. Deterioration of internal organs, including circulatory system and liver.
Sjögrens Syndrome: Dry eyes all the time, and I have drops to put in eyes.
2. Lichen Planus: Characterized by white lesions or clear hard bumps that
itch for days that bleed. Note: Dr. Quiram has refused to document all of
these symptoms related to H.C.V.
3. Types of arthritis. Inflammation (arthralgia). Joint pain in my wrists,
elbows, knees, shoulders, that don't allow me to participate in the activities
that I like.

4. Fatigue. Tired a lot, that precludes me from studying so I can have a meaningful career and life.

5. Borderline diabetes score: 5.4 Hgb-A1C.

6. I have also experienced: Porphyria-Cutanea tarda: Sun sensitive rash.

7. Nail fungus on toes.

8. Money damages: No amount of money can ever replace, restore the loss and pain that I have suffered at the inimical hands and sadistic nature of the D.O.C. Persōna-inter-alia. Plaintiff leaves it to the jury, in excess of \$75,000.

INTERROGATORY NO. 6:

State in detail the medical conditions and/or symptoms you have experienced related to your diagnosis of Hepatitis C. Include the dates of the symptoms, the frequency of the symptoms, what you were doing when the symptoms occurred, the duration of the symptoms, and what you did in response to the symptoms.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 6:

LIGONS' ANSWER

Symptoms are progressive. I sought treatment with direct acting anti-viral drugs (DAAs) which are the only cure for HCV and its symptoms. See above.

MICHAELSON'S ANSWER:

Symptoms see above:

From late 2010 to Present 2016. Duration lasts weeks or days or months, depending upon the time of year. I sought treatment with direct acting anti-viral drugs (DAAs) which are the only cure for HCV and its symptoms.

INTERROGATORY NO. 7:

Identify all medical and mental health practitioners who you have seen for Hepatitis C and any medical condition(s) or symptom(s) identified in your response to Interrogatory No. 6. Include the name of the clinic, hospital or practice group, if any, that the practitioner was associated with when you saw the practitioner.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 7:

LIGONS' ANSWER

DOC Medical Staff at MCF Stillwater and MCF Faribault

1. Stanley Quanbeck
2. Darryl Quiram
3. David Paulson

MICHAELSON'S ANSWER:

D.O.C. Medical Staff (Contracted)

1. 2010 Stanley Quanbeck.
2. 2013 Mark Zimmerman.
3. Darryl Quiram was the Primary Source as symptoms progressed in 2015.
4. David Paulson has ordered bloodwork 2015. See Kites.

INTERROGATORY NO. 8:

Excluding conversations with legal counsel, identify all persons with whom you have discussed Hepatitis C, Hepatitis C treatments, and/or the medical condition(s) identified in your response to Interrogatory No. 6, whether the discussions took place in person or through correspondence, the dates of the discussions, and the contents of the discussions. Identify any documents that memorialize the discussions including, but not limited to, handwritten or typed notes, kites, letters, diaries, and logs.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 8:

LIGONS ANSWER:

Albert Ligons - Albert Ligons is my brother. I speak with him on the phone periodically but do not take notes.

Brigita Knickenberg – Correspondent in Europe, no copies of letters sent.

MICHAELSON ANSWER: See Interrogatory #7.

Discovery continues.

INTERROGATORY NO. 9:

Identify all inmates known to you at this time who you believe are members of any of the three putative classes you wish to represent in this action. For each inmate, state the inmate's full name, offender identification

number ("OID"), the facility where the inmate is currently housed, and the putative class or classes of which the inmate should be a member.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 9:

LIGONS' ANSWER:

My understanding is that 15 to 20% of the DOC population may be HCV positive and I know only a few of them at places I have been incarcerated. Some people prefer not to let others know they are infected. These are some I can mention:

Barry Michaelson # 203279

Freddie Prewitt # 137814

MICHAELSON'S ANSWER:

My understanding is that 15 to 20% of the DOC population may be HCV positive and I know only a few of at places I have been incarcerated. Some people prefer not to let others know they are infected. These are some I can mention:

1. Ronaldo Ligons # 171203
2. Barry Michaelson # 203279
3. Michael DeCorsey # 226627
4. Dave Pidgeon OID unknown
5. Freddie Prewitt # 137814
6. Peter Ryan # 102340

7. Brent Anderson # 101341

8. JayDee Kaufman # 132278

9. Keneth Robinson # OID unknown

10. Willey Nelson # OID unknown

11. Mr. Bradley Purdy # 128143

INTERROGATORY NO. 10:

State the factual basis for your assertions in Paragraphs 7 and 11 of the Second Amended Complaint that the DOC Defendants have denied Hepatitis C treatments to Plaintiffs based on policies designed to ration medication to a limited number of inmates for administrative convenience or money and without regard to Plaintiffs' individual medical needs.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 10:

JOINT ANSWER:

Dr. Paulson admitted previous barriers to treatment such as chemical dependency treatment requirements served no medical purpose and the current limitation to fibrosis levels three (3) and four (4) do not have a medical basis either. Inmates with fibrosis levels of 0 to 2 are far more numerous and just as infectious to other inmates as the higher fibrosis levels. The current HCV Guidelines Panel standard-of-care is to treat all patients at all fibrosis levels to stop the progress of the degradation of the internal organs of the individual patient, and to prevent infection of others. The only

justification for treating a small number of inmates, rather than all HCV infected inmates is cost not medicine.

INTERROGATORY NO. 11:

Identify in detail, and state the factual basis for, the alleged medical standard of care applicable to the treatment of Hepatitis C as of March 2016.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 11:

JOINT RESPONSE:

According to the Federal Bureau of Prisons, the VA, the CDC and all other government agencies, the source for the most up-to-date information for HCV practitioners regarding the standard-of-care for the treatment of HCV is the website created in January 2014 by the HCV Guidance Panel, shortly after the approval of the first 12-week cure for HCV by the FDA:

"A new era in the treatment of HCV infection began in 2013 and 2014, with the approval of new direct-acting antiviral (DAA) oral medications that act directly against HCV without the use of interferon. These newer regimes are very effective in eliminating HCV infection, achieving cure rates of greater than 90% in many patient populations....

The preferred treatment regimens have changed as each new DAA has been approved--resulting in rapidly changing clinical guidelines and treatment recommendations. In the midst of this evolving treatment landscape, the most recently published guidance on HCV treatment (i.e. *HCV Guidance Panel Guidelines* June 29, 2015) stresses the importance of referring regularly to the AASLD/IDSA/ISA-USA website for new updates (<http://www.hcvguidelines.org>)

Federal Bureau of Prisons
July 2015 *Clinical Practice Guidelines* ¹

¹ http://www.bop.gov/resources/pdfs/hepatitis_c.pdf.

Before the “new era” in HCV treatment began in late 2013 (to which the foregoing Bureau of Prisons *July 2015 Clinical Practice Guidelines* refer) HCV treatment consisted of highly individualized drug “cocktails” combined with weekly toxic *Interferon* injections that lasted nearly a year.² *Interferon* side-effects included debilitating flu-like symptoms; “cure”-rates were under 50%; and, lacked a single “standard-of-care” protocol because treatment varied significantly. See, *Roe v. Elyea*, 631 F.3d 843 (7th Cir. 2011).

October 2013--FDA “Breakthrough” Cure for HCV

The bleak prognosis for a single “standard-of-care” to cure, HCV-infected patients changed completely in October 2013 when the Food and Drug Administration (FDA) announced new “breakthrough” DAA drugs (originally Sovaldi and Olysio) that *cured* HCV in only 12-weeks with daily oral medication, at a 95% rate, still in combination with weekly toxic *Interferon* injections..

By late 2013, the three relevant medical societies, the American Association for the Study of Liver Disease (AASLD); the Infectious Disease Society of America (IDSA); and, the International Anti-viral Society--USA (IAS--USA) convened thirty experts in gastroenterology; hepatology; and, infectious diseases *in an* “HCV Guidance Panel” to advise *all* HCV practitioners, for the first time in history.

² <http://www.hcvguidelines.org/> January 2014.

The "AASLD/IDSA/IAS-USA/ HCV Guidance Panel" was convened to advise all HCV treating medical practitioners in the up-to-date HCV standard-of-care for the new FDA "breakthrough" medications³ by creating the website (to which the previously cited Federal BOP Clinical Practice Guidelines refer), to provide:

"...up to date recommendations for HCV practitioners on optimal screening, management and treatment for adults with HCV infection in the United States, using a rigorous review process to evaluate the best available evidence....This [website] was conceived as a living document that would reside online and undergo real-time revisions as the field evolved."⁴

On February 24, 2016, the HCV Guidance Panel issued its most recent advisory making clear that all HCV-positive patients, irrespective of fibrosis level, were to be treated with the FDA-approved DAA drugs, which now include Zepatira, as well as Harvoni and Viekira-Pak.

INTERROGATORY NO. 12:

State the factual basis for your assertion that only treatment with non-interferon direct-acting antiviral agents ("DAA"), Harvoni and Viekira-Pak, meets the applicable medical standard of care for the treatment of Hepatitis C, including but not limited to the treatment of all DOC inmates infected

³ The origins of the HCV Guidance Panel are explained in the article describing its origins and purpose on site <http://www.hcvguidelines.org> published on June 29, 2015, a copy of the article is appended. (See Exhibit #2. Published online: *Hepatology*, Vol.62, Issue 3, Nov. 3, 2015 (accepted for publication June 3, 2015).

⁴ <http://www.hcvguidelines.org/June/2015>

with Hepatitis C, as alleged at pages 4-5 of the Second Amended Complaint.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 12:

JOINT ANSWER: See Affidavits of Dr. Bennett Cecil and Dr. Martin Gordon filed in this matter for detailed responses to this question. Interferon is a poisonous drug with serious negative side-effects that is no longer approved for the treatment of HCV, after October 2014 when non-Interferon DAAs were FDA approved, making Interferon obsolete.

INTERROGATORY NO. 13

State the factual basis for your assertion in Paragraph 9 of the Second Amended Complaint that Plaintiff Michaelson first tested positive for Hepatitis C only after being double-bunked with a cellmate who had Hepatitis C or after being exposed to other sources of Hepatitis C in DOC facilities.

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 13:

MICHAELSON ANSWER: Michaelson submitted to a blood test in 2009 at MCF St. Cloud. He was informed in writing that he was HCV negative in 2009.

Plaintiff Michaelson was exposed to the blood spilt by HCV positive cellmate James DeCoursey, OID 226627, in the cell in July 2010, and

Michaelson was compelled by the corrections officer to clean up the blood in t-shirt, shorts, and open-toed shower shoes while his feet bore open cuts, and while the correction officer gave Plaintiff only a green-liquid spray bottle and paper towels to clean up the blood.

Details of this incident were explained and documented at the time of the occurrence in 2010. Following the exposure, Plaintiff tested positive for HCV; an HCV RNA blood test in September 2010 revealed Plaintiff was HCV positive; this was the first HCV RNA test that revealed Plaintiff Michaelson to be HCV positive.

Kites and reports are available for inspection along with other documents as described in the Request for Production of Documents, below.

INTERROGATORY NO.14:

State the factual basis for your assertion in Paragraphs 165 and 176 of the Second Amended Complaint that you have a disability and that your major life activities have been substantially impaired by that disability.

PLAINTIFF LIGONS' AND MICHAELSON'S ANSWERS to
INTERROGATORY #14:

1. See Second Amended Complaint ¶¶165-184, reproduced and set forth below:

165. First, Plaintiffs Ligons, Michaelson, and all persons similarly

situated, are individuals with a disability, specifically, HCV infection, a physical impairment that substantially affects the major life activities of digestive systems, circulatory systems, and life itself.

166. Second, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through the actions of their agents, employees, or representatives, and the kites and grievances of Plaintiffs, were aware of plaintiffs Ligons' and Michaelson's, and all other persons' similarly situated to them, respective disabilities.

167. Third, defendant Minnesota Department of Corrections is a recipient of federal monies for its incarceration programs.

168. Fourth, defendants Minnesota Department of Corrections and Commissioner Tom Roy had a responsibility to assure proper care for Plaintiffs Ligons, Michaelson, and all other disabled persons similarly situated.

169. Fifth, defendants Minnesota Department of Corrections and Commissioner Tom Roy could have reasonably accommodated plaintiffs' disabilities, so as not to exclude them from participation in, or deny them the benefits of the federally funded services, programs, or activities of defendant Minnesota Department of Corrections, by reasonably accommodating plaintiffs' disabilities, by treatment with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative

medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA for plaintiffs' respective hepatitis C infections.

170. Sixth, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through the actions of their agents, employees, or representatives, had actual knowledge of a substantial risk that Plaintiff Michaelson, and all persons similarly infected with the hepatitis C virus, would suffer progression of the disability of hepatitis C infection that foreseeably would lead to aggravated or exacerbated serious medical harms including liver malfunction, liver fibrosis, liver cirrhosis, liver cancer, expensive liver transplant, or even death by liver malfunction.

171. Seventh, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through their agents, employees, or representatives, failed to accommodate reasonably plaintiffs' known disabilities, notwithstanding that compliance with the national, community standard of professional medical care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA is, by medicine and law, not an undue hardship.

172. Eighth, defendants Minnesota Department of Corrections and

Commissioner Tom Roy, through their agents, employees, or representatives, disregarded the substantial risk of progression of the hepatitis C infection of Plaintiffs Ligons and Michaelson, and all persons similarly infected with the hepatitis C virus, by

- failing to provide medical care; or
- failing to direct that medical care be provided; or
- failing to enact policies to assure that LIGONS, MICHAELSON, and each and every respective class member would obtain the medical care needed, specifically, treatment of them respectively, with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA; or
- failing to allow each and every respective class member to obtain the medical care needed, specifically, treatment of them respectively, with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA;

173. Ninth, Plaintiffs Ligons, Michaelson, and all other similarly

situated qualified disabled persons afflicted with the hepatitis C virus, as the direct result of the failures and policy decisions of defendants Minnesota Department of Corrections and Commissioner Tom Roy, suffered injuries that included progression of their respective infections, increased symptoms, pain, suffering, fear, diminished enjoyment of life, and decreased life expectancy.

174. Tenth, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through their agents, employees, or representatives, acted with deliberate, reckless, knowing, or intentional disregard for the rights, health, and safety of the plaintiffs.

CLAIM VIII: TITLE II OF THE ADAA, 42 U.S.C. §§12131-12132; PLAINTIFFS LIGONS, MICHAELSON, AND ALL PERSONS SIMILARLY SITUATED, AGAINST DEFENDANTS MINNESOTA DEPARTMENT OF CORRECTIONS AND COMM'R TOM ROY IN HIS OFFICIAL CAPACITY

175. Plaintiffs reallege and reassert every claim and incorporated exhibit which constitute averments of imminent danger of serious physical, medical injury.

176. First, Plaintiffs Ligon, Michaelson, and all persons similarly situated, are individuals with a disability, specifically, HCV infection, a physical impairment that substantially affects the major life activities of digestive systems, circulatory systems, and life itself.

177. Second, Defendants Minnesota Department of Corrections and

Commissioner Tom Roy, through the actions of their agents, employees, or representatives, and the kites and grievances of Plaintiffs, were aware of plaintiffs Ligons' and Michaelson's, and all other persons' similarly situated to them, respective disabilities.

178. Third, Defendants Minnesota Department of Corrections and Commissioner Tom Roy had a responsibility to assure proper care for Plaintiffs Ligons, Michaelson, and all other disabled persons similarly situated.

179. Fourth, Defendants Minnesota Department of Corrections and Commissioner Tom Roy could have reasonably accommodated Plaintiffs' disabilities, so as not to exclude them from participation in, or deny them the benefits of the federally funded services, programs, or activities of defendant Minnesota Department of Corrections, by reasonably accommodating plaintiffs' disabilities, by treatment with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of professional medical care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA for Plaintiffs' respective hepatitis C infections.

180. Fifth, defendants Minnesota Department of Corrections and

Commissioner Tom Roy, through the actions of their agents, employees, or representatives, had actual knowledge of a substantial risk that Plaintiffs Ligon and Michaelson, and all persons similarly infected with the hepatitis C virus, would suffer progression of the disability of hepatitis C infection that foreseeably would lead to aggravated or exacerbated serious medical harms including liver malfunction, liver fibrosis, liver cirrhosis, liver cancer, expensive liver transplant, or even death by liver malfunction.

181. Sixth, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through their agents, employees, or representatives, failed to accommodate reasonably plaintiffs' known disabilities, notwithstanding that compliance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA is, by medicine and law, not an undue hardship, nor does it constitute an unreasonable modification of the Minnesota Department of Corrections program.

182. Seventh, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through their agents, employees, or representatives, disregarded the substantial risk of progression of the hepatitis C infection of Plaintiffs Ligon and Michaelson, and all persons

similarly infected with the hepatitis C virus, by

- failing to provide medical care; or
- failing to direct that medical care be provided; or
- failing to enact policies to assure that LIGONS, MICHAELSON, and each and every respective class member would obtain the medical care needed, specifically, treatment of them respectively, with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA; or
- failing to allow each and every respective class member to obtain the medical care needed, specifically, treatment of them respectively, with Harvoni, Viekira-Pak, or other direct-acting, antiviral, lifesaving, curative medicines for their respective hepatitis C virus infections, in accordance with the national, community standard of care for hepatitis C established by expert, specialist gastroenterologists and hepatologists of the AASLD/IDSA;

183. Eighth, Plaintiffs Ligons, Michaelson, and all other similarly situated qualified disabled persons afflicted with the hepatitis C virus,

as the direct result of the failures and policy decisions of defendants Minnesota Department of Corrections and Commissioner Tom Roy, suffered injuries that included progression of their respective infections, increased symptoms, pain, suffering, fear, diminished enjoyment of life, and decreased life expectancy.

184. Ninth, defendants Minnesota Department of Corrections and Commissioner Tom Roy, through their agents, employees, or representatives, acted with deliberate, reckless, knowing, or intentional disregard and indifference for the federally rights, health, and safety of the plaintiffs.

INTERROGATORY NO. 15:

Identify any benefits of a program or activity that were denied to you based on your disability and state the factual basis for such denial(s).

PLAINTIFFS' ANSWER TO INTERROGATORY NUMBER 15:

MICHAELSON'S RESPONSE:

I was denied the Standard of Care, that is, the international Standard of Medical Care that all Physicians have, shall, must follow and are not a matter of individual opinion or individual Medical Judgment and all doctors that fail this standard are being indifferent to those who suffer from H.C.V.

I was denied Medical treatment based on financial incentives, and to give any medical to only those who are in the near stage of comorbidity, which

is discrimination and limits my ability to function in a program or activity. *Sutton v. United Airlines* S. Ct. 99, *Murphy v. United Parcel Service* 119 S. Ct. 99. Which in turn obviates my ability to exercise and to keep my weight down to a normal and body mass size. Based on such denial, in-short I'm handicapped.

Based upon Case Law and Title 42 U.S.C. 12131 of the A.D.A.: to be clear, I was denied a Health Program of the State of MN and the benefits of the Standard of Care (viz) (Harvoni-Viekira Pak).

LIGONS' ANSWER:

- 1.Deterioration of internal organs, including circulatory system and liver.
2. Exacerbation of insulin dependent diabetes mellitus.
3. Joint pain, neuralgia, fatigue.
4. Joint pain, neuralgia, and fatigue compromise Ligons' ability to concentrate and to work in prison industries.
5. Exacerbation of diabetes compromise Ligons' ability to work, eat, and concentrate.
6. Plaintiff Ronaldo Ligons attaches and incorporates his May 10, 2016 affidavit to these answers.

INTERROGATORY NO.16:

Identify all people and documents consulted in responding to these interrogatories.

PLAINTIFF'S ANSWER TO INTERROGATORY NUMBER 16:

Plaintiffs object to this interrogatory as vague, overbroad, invasive of the attorney-client privilege, and not reasonably calculated to elicit admissible evidence at trial.

- Plaintiffs refer Defendants to previous answers to interrogatories and documents available for inspection.
- Plaintiffs refer Defendants to the depositions of Dr. Paulson and Ms. Nanette Larson.
- Plaintiffs refer Defendants to www.hcvguidelines.org.

Signed and declared in accordance with 28 U.S.C. §1746:

Date: 8-26-16

Ronald S. L.

Signed and declared in accordance with 28 U.S.C. §1746.

Date: 8-26-16

Ronald S. Ly

Reviewed and signed.

Date: 18 May 2016

Respectfully:

PETER J. NICKITAS LAW OFFICE, LLC

/s/ Peter J. Nickitas (electronically signed)

Peter J. Nickitas, MN Att'y #212313
Attorney for Plaintiffs
431 S. 7th St., Suite 2446
Minneapolis, MN 55415
651.238.3445/FAX 1.888.389.7890
peterjnickitaslawllc@gmail.com

**TO ALL STATE AND FEDERAL COURTS
MINNESOTA DEPARTMENT OF CORRECTIONS
WARDEN EDDIE MILES
MCF-FARIBAULT
ALL MEDICAL AND DENTAL STAFF
AND TO WHOM IT MAY CONCERN**

**RONALDO S. LIGONS
PLAINTIFF/PETITIONER
VS.**

**AFFIDAVIT OF
RONALDO S. LIGONS
MAY 10, 2016**

**MN DEPT. OF CORRECTIONS,
WARDEN EDDIE MILES,
MCF-FARIBAULT MEDICAL STAFF,
MCF-FARIBAULT DENTAL STAFF,
ET AL.
DEFENDANT/RESPONDENTS.**

RONALDO S. LIGONS, BEING DULY SWORN ON OATH, DEPOSES AND SAYS:

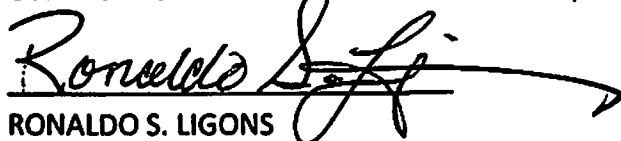
- 1. THAT AT ALL TIMES RELEVANT TO THIS AFFIDAVIT AFFIANT HAS BEEN IN THE CUSTODY OF THE MINNESOTA DEPARTMENT OF CORRECTIONS.**
- 2. THAT AFFIANT HAS BEEN INCARCERATED AT MCF-FARIBAULT, SINCE FEBUARY, 2015.**
- 3. THAT AFFIANT HAS SEVERAL SERIOUS MEDICAL CONDITIONS, SOME OF THEM LIFE-THREATENING.**
- 4. THAT AFFIANT HAS DISCOVERED THAT IF AN ONGOING RECORD OF MEDICAL CONDITIONS, AND PAINS ARE NOT DOCUMENTED, THAT MN DOC MEDICAL STAFF BEGIN TO ENTER INTO AFFIANTS RECORD WORDING THAT THESE ISSUES ARE NO LONGER OF CONCERN.**
- 5. THAT MN DOC MEDICAL STAFF THEN BEGIN TO DENY AFFIANTS CONDITIONS AND CONCERNS.**
- 6. THAT AFFIANTS LIMITED TIME WITH MEDICAL STAFF LIMITS DISCUSSIONS OF VARIOUS MEDICAL ISSUES, AS DOES APPARENTLY, "POLICY " LIMIT ISSUES OF DISCUSSION.**
- 7. THAT AFFIANT IS NOT ABLE TO AFFORD REPEATED MEDICAL, OR DENTAL CO-PAYS.**
- 8. THAT AFFIANT IS DISABLED FROM THE FEDERAL GOVERNMENT, R.S.D.I. 1998.**

9. THAT AFFIANT IS UNABLE TO WORK IN THE PRISON.
10. THAT AFFIANT IS HEPITITIS-C POSITIVE SINCE DISCOVERY IN 1998.
11. THAT AFFIANT HAS NOT BEEN CURED OF THIS LIFE-THREATENING DISEASE DESPITE REPEATED REQUESTS, AND CURRENT LITIGATION.
12. THAT AFFIANT DISCOVERED THAT HE HAD BEEN GIVEN TWO DIFFERENT USED NEEDLES WITH LIQUID IN THEM, IN APPROXIMATELY 1994 TO 1996.
13. THAT THE RECORD OF THESE DIRTY NEEDLES IS IN THE FILES OF ATTORNEY JOHN STOCKMAN, JENSEN & STOCKMAN LAW FIRM. (RET.?)
14. THAT AFFIANT SUFFERS FROM THE EFFECTS OF HEP-C.
15. THAT AFFIANT SUFFERS SEVERE FATIGUE AND IS UNABLE TO FUNCTION IN "WORK, AND WORK-LIKE SETTINGS." AFFIANT CANNOT WORK IN THE PRISON. (SEE ALSO, SAME AS, R.S.D.I.)
16. THAT AFFIANT SUFFERS FROM BLOATING, CRAMPS, JOINT, AND MUSCLE PAINS.
17. *THAT THE ABOVE AFFECTS ARE IN AFFIANTS JAW MUSCLES, BACK, SIDES, ARMS, HANDS, LEGS, AND FEET.*
18. AFFIANT SUFFERS FROM SCIATICA ON THE RIGHT SIDE OF HIS SPINE.
19. THAT AFFIANT HAS SCOLIOSIS OF THE SPINE.
20. THAT AFFIANT IS AN INSULIN DEPENDENT DIABETIC SINCE 1994.
21. THAT AFFIANT HAS BEEN SUBJECTED TO POOR QUALITY, HIGH CARBOHYDRATE FOODS FOR 24 YEARS.
22. THAT AFFIANT SUFFERS FROM THE COMMON EFFECTS OF DIABETES, INCLUDING FATIGUE.
23. THAT AFFIANT HAS SUFFERED FROM THE EFFECTS OF " BELL'S PALSEY" SINCE APPROXIMATELY 2000.
24. THAT AFFIANT HAS NO TEARS, (DRY EYES) OR SALIVA, (DRY MOUTH) ON THE LEFT SIDE OF HIS FACE.
25. THAT AFFIANT SUFFERS FROM CHRONIC ALLERGIC REACTIONS OF ITCHING OF EYES, AND ITCHING AND CRAWLING OF THE SKIN, FOR WHICH MEDICATIONS IS TAKEN DAILY.
26. THAT AFFIANT SUFFERS FROM RASHES, ITCHING FROM HEAD TO LEGS.
27. THAT AFFIANT SUFFERS FROM PAINFUL UNTREATED HAND AND NAIL FUNGUS WITH NAIL LOSSES.
28. THAT AFFIANT SUFFERS FROM CONSTANT "JOCK-ITCH," FROM YEAST INFECTIONS.
29. THAT AFFIANT SUFFERS REGULARLY FROM *VERY SORE THROAT*, FLU-LIKE SYMPTOMS NIGHT AND DAY, WITH RUNNY NOSE, FROM DISEASE AND MEDICATIONS.

30. THAT AFFIANT SUFFERS FROM BALANCE AND EQUILIBRIUM ISSUES WHEN WALKING AND MOVING ABOUT.
31. THAT AFFIANT SUFFERS FROM DEPTH-PERCEPTION, AND DIFFICULTY READING AND WRITING, THE RESULT OF REFUSAL FOR MN DOC TO REMOVE CATARACT IN AFFIANTS LEFT EYE.
32. THAT AFFIANT HAS ONGOING DENTAL ISSUES, AND TOOTH LOSS, PAIN, SUFFERING, AND INABILITY TO CHEW DUE TO POOR QUALITY DENTAL CARE. NOW AT MCF-FARIBAULT.
33. THAT MEDICAL AND DENTAL STAFF ENTER INTO AFFIANTS FILES CLAIMS THAT ATTEMPT TO MINIMIZE AFFIANTS SERIOUS CONCERNS, AND TO SHIFT THE BLAME.
34. THAT MN-DOC MEDICAL STAFF, HAVE PLACE CLEARLY FALSE ENTRIES INTO AFFIANTS MEDICAL FILES FILES THAT ARE CONTRADICTED BY EXISTING ENTRIES INTO TO FILES, INCLUDING CURRENT PRESCRIPTIONS FOR CONDITIONS DENIED TO EXIST.
35. THAT AFFIANT HAS ATTEMPTED TO PLACE INTO HIS FILES CORRECTIONS AND ADDITIONAL INFORMATION.
36. THAT AFFIANT HAS OBSERVED A DISTINCT ADVERSARIAL POSTURE ON THE PART OF MN DOC MEDICAL POLICIES, AND FROM SOME MEDICAL STAFF.

FURTHER AFFIANT SAYS NOTHING.

I SWEAR UNDER PENALTY OF PURGERY THAT ALL OF THE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE/INFORMATION.



RONALDO S. LIGONS

1101 LINDEN LN.

FARIBAULT, MN 55021

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF MAY, 2016

NOTARY PUBLIC



Minnesota Department of Corrections
Minnesota Correctional Facility - Faribault
Grievance Report - 5283

OID 171203

Living Assignment MCF-FRB K2 C Tier 1 109 02 Lower Bunk

Name Ligons, Ronaldo Sylvester

Case Worker

Haffely, Jeffrey J

Appeal:

MCF - FRB has not resolved the issue of altering original 'meals to living unit.' The alteration of failing to place appellant in MCF - Linden where meals are delivered has resulted in a year of conflicts, harassment, threats to personal safety from prisoners and staff. Affidavits have documented incidents only to be dined by MCF - FRB administration, with no basis to deny the singling out of one individual as 'special' causing conflicts from the serving lines to the living unit. A carrying case solves nothing, but it was never provided for a full year. The result has been discriminatory and is actionable under ADA and other laws governing treatment of the disabled and is being pursued for resolution. Appellant has not eaten meals since 1/28/16 for safety reasons.

Appeal File Date: 04/20/2016

Appeal Response:

Since your arrival at MCF-FRB you were notified of the ADA accommodations put in place to facilitate your needs. On 03-07-16, you met with Dr. E. Shaman and were notified at that time that the fact that you are taking a regular diet for the most part, does not necessarily indicate that your stricture is causing a problem. Also, the Dr. informed you that based on your weight fluctuation over the last three years it does not seem to indicate that your stricture is interfering with mastication, deglutition or absorption and that would eliminate you from being transferred to Linden on a medical basis.

In regard to threats to your personal safety, the only documented incident in which you informed staff of threats from offenders was investigated by CPD Doeden. In that investigation you informed CPD Doeden that you had been threatened by an unknown offender, that you were unable to identify that offender because it was dark and also noted that offender did not reside in the unit in which you were housed. Based on that information, there was no way to substantiate your claims of harassment or threatening behavior. Additionally, there have been no further reports of harassment or threats of physical harm reported to staff. If there are incidents that create concern for your personal safety or incidents of harassment, please notify staff immediately. It is our expectation that offenders be allowed to complete their sentences in a safe and secure environment that promotes change through positive behavior.

Initially, your request for a carrying case was denied due to a lack of options. Since that time additional research was done and carrying case is now available for your use. On 1-28-16, it was reported by Corrections Chief Cook Thompson that you were observed asking for items that you were not allowed or authorized to have. Further, Cook Thompson also noted that this has happened in the past as well. The safety reasons you mentioned were investigated and due to a lack of information were unable to be substantiated.

Appeal Response Type: Dismiss

Appeal Response Person: Reiser, Bruce

Appeal Response Date: 05/03/2016

Bruce Reiser

Signature

5-4-16

Date

Grievance Appeal

5283

Date: 4-13-16

Offender: RONALDO LIGON ID: 171203 Living Unit: K2C 109-7

Instruction to offender: The grievance must be attached to this form in order to process. You may add one 8 1/2 x 11 inch sheet of paper to expand upon your grievance appeal information. Please include one copy of all exhibits for this grievance appeal.

Reason for Appeal: MCF-FRB HAS NOT RESOLVED THE
 ISSUE OF ALTERING APPELLANT'S ORIGINAL
 "MEALS TO LIVING UNIT." THE ALTERATION
 OF FAILING TO PLACE APPELLANT IN MCF-LINDEN
 WHERE MEALS ARE DELIVERED HAS RESULTED
 IN A YEAR OF CONFLICTS, HARASSMENT, THREATS
 TO PERSONAL SAFETY FROM PRISONERS, AND
 STAFF. AFFIDAVITS HAVE DOCUMENTED INCIDENTS
 ONLY TO BE DENIED BY MCF-FRB ADMINISTRATION,
 WITH NO BASIS TO DENY THE SINGLING OUT OF
 ONE INDIVIDUAL AS "SPECIAL" CAUSING CONFLICTS
 FROM THE SERVING LINES TO THE LIVING UNIT.
 A CARRYING CASE SOLVES NOTHING, BUT IT
 WAS NEVER PROVIDED FOR A FULL YEAR.
 THE RESULT HAS BEEN DISCRIMINATORY
 AND IS ACTIONABLE UNDER (ADA) AND OTHER
 LAWS GOVERNING TREATMENT OF THE DIS-
 ABLED AND IS BEING PURSUED FOR RESOLUTION.
 APPELLANT HAS NOT EATEN MEALS SINCE 1-28-16,
 FOR SAFETY REASONS. RETURN ALL DOCUMENTS

Director - Central Office Grievance Appeal Coordinator
 Copies - Facility Grievance Coordinator
 Offender

Date Entered _____
 Grievance Number _____



Minnesota Department of Corrections
Minnesota Correctional Facility - Faribault
Grievance Report - 5283

OID 171203

Living Assignment MCF-FRB K2 C Tier 1 109 02 Lower Bunk

Name Ligons, Ronaldo Sylvester

Case Worker

Haffely, Jeffrey J

Grievance Facility: Faribault

Group: Dietary

Type: Environmental Conditions - Kitchen or Dining Hall

Grievance:

Grievant is entitled to meals, DOC is responsible for providing meals according to original ADA reasonable accommodation, meals to unit, meals on wheels in the Linden building, where meals are delivered. The unrequested alteration of meal delivery by requiring grievant to carry trays to and fro without any carrying case has proved dangerous due to threats from prison kitchen worker, harassment from prisoners throughout the campus and harassment by DOC staff and has been documented by sworn affidavits. Grievant is singled out as special and this creates hostilities, threats, and is a violation of ADA as a discriminatory practice. It is actionable under federal laws.

Institution File Date: 03/25/2016

Institution Response:

Food Services Director was able to find a food carrier for you to use. This resolves your issue and provides you with what you requested. Your claims that staff have threatened or harassed you is unfounded. You are not being singled out or discriminated against.

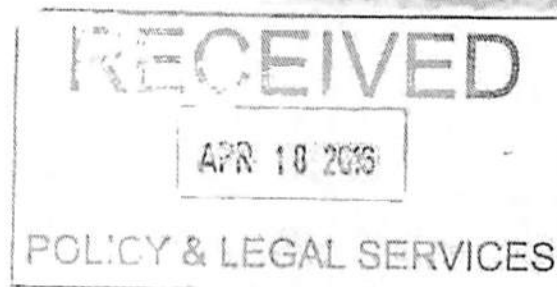
Institution Response Type: Dismiss with Modifications

Institution Response Person: Miles, Eddie

Institution Response Date: 04/07/2016

Signature

Date





Minnesota Department of Corrections
 Minnesota Correctional Facility - Faribault
 Grievance Report - 5283

OID 171203

Living Assignment MCF-FRB K4 D Tier 1 113 02 Lower Bunk

Name Ligons, Ronaldo Sylvester

Case Worker

Haffely, Jeffrey J

Grievance Facility: Faribault

Group: Dietary

Type: Environmental Conditions - Kitchen or Dining Hall

Grievance:

Grievant is entitled to meals, DOC is responsible for providing meals according to original ADA reasonable accommodation, meals to unit, meals on wheels in the Linden building, where meals are delivered. The unrequested alteration of meal delivery by requiring grievant to carry trays to and fro without any carrying case has proved dangerous due to threats from prison kitchen worker, harassment from prisoners throughout the campus and harassment by DOC staff and has been documented by sworn affidavits. Grievant is singled out as special and this creates hostilities, threats, and is a violation of ADA as a discriminatory practice. It is actionable under federal laws.

Institution File Date: 03/25/2016

Institution Response:

YOU WILL RECEIVE A WRITTEN
 RESPONSE WITHIN 20 WORKING DAYS

Institution Response Type:

Institution Response Person:

Institution Response Date:

J. Moravec, Grievance Coord.
 Signature

3-25-16
 Date

Minnesota Department of Corrections
Offender Grievance

10F8

Date: 3-24-16Offender: R. LIGONS OID: 171203 Living Unit/Cell/Room#: K4D113-2

Casemanager: _____

Instruction to offender – You may add one 8½ X 11 inch sheet of paper to expand your grievance information. You must attach kites, including staff response, showing your attempt to resolve the issue informally and one copy of all supporting exhibits for this grievance. Your grievance will be returned if you do not attach kites.

Grievance:

GRIEVANT IS ENTITLED TO MEALS, DOC IS RESPONSIBLE FOR PROVIDING MEALS ACCORD-
ING TO ORIGINAL "(ADA) REASONABLE ACCOMMODAT-
ION, MEALS TO WALK, MEALS ON WHEELS" IN
THE LINDEN BUILDING, WHERE MEALS ARE DEL-
IVERED. THE UNREQUESTED ALTERATION OF
MEAL DELIVERY BY REQUIRING GRIEVANT TO
CARRY TRAYS TO AND FROM WITHOUT ANY CARRY-
ING CASE HAS PROVED DANGEROUS DUE TO
THREATS FROM PRISON KITCHEN WORKER, HAR-
ASSMENT FROM PRISONERS THROUGHOUT THE
"CAMPUS," AND HARASSMENT BY DOC STAFF AND
HAS BEEN DOCUMENTED BY SWORN AFFIDAVITS.
GRIEVANT IS SINGLE OUT AS "SPECIAL" AND THIS
CREATES HOSTILITIES, THREATS AND IS A VIOLAT-
ION OF (ADA) AS A DISCRIMINATORY PRACTICE.
IT IS ACTIONABLE UNDER FEDERAL LAWS.

Dist. Original - Facility Grievance Coordinator
Copy - OffenderDate entered 3-25-16
Grievance number 5283



MCF-Faribault
OFFICE
MEMORANDUM

DATE: February 19, 2016
TO: Mr. R. Ligon 171203 K2A 122-2
FROM: *J. Titus*
AWO J. Titus
SUBJECT: Kite

Warden Miles responded to a kite you wrote dated 2/3/16 regarding similar issues. This response was sent on 2/18/16. Health Services Administrator RN Ohnstad also responded to you on 2/18/16 regarding a kite you submitted to her dated 2/13/16. I will not re-address these issues, as you have already been responded to on your request to reside in Linden Unit. This request is denied per RN Ohnstad, as you do not meet criteria.

Your medical concerns regarding "carpel tunnel syndrome" will need to be addressed through the medical provider. HSA Ohnstad notified you on 2/18/16 that an appointment will be scheduled during the week of February 22nd to discuss your medical concerns.

With regards to your eligibility to work, your ADA accommodations can be met based on your specific ADA plan, and do not interfere with your ability to work while at MCF-FRB. You are required to follow the work assignment expectations of your job as a K2 janitor in accordance with the position requirements, or you will be held accountable in accordance with DOC Division Directive 204.010 Offender Assignment and Compensation Plan.

SOCIAL
SECURITY
(R.S.D.I.)

Minnesota Department of Corrections

OFFENDER KITE FORM

Offenders are encouraged to communicate with staff at all levels, but it is expected that the chain of command will be used. Your kite should be directed to the staff who can best answer your question. If you send a kite requiring an answer to the wrong staff, it will be returned to you. Kites are to be used for offender to staff correspondence only. If your kite is not specific, it will be returned for additional information. If you want your kite reviewed further up the chain of command, you must attach all previous kites to show the previous responses.

To: LT. RAMSEY Date: B-7-16
 From: R. WIGON OID# 171203
 Facility/Unit K40 Room/Cell 113-2 Casemanager: _____

Other staff you have contacted regarding this issue and the outcome/decision (attach responses):

GRIEVANCE "CHAIN"

Issue: THIS KITE TO YOU IS CLEARLY
REDUNDANT, BUT I GUESS YOU NEED
TO REPLY TO THE CONTENT OF THIS
GRIEVANCE, EVEN THOUGH TITUS HAS
REPLIED.

THANKX

Response from: Lt. Ramsey Date: 3-14-16
Your accommodation is for "extra time" to eat
Since your ^{R/R} the dining room has
a set schedule that needs to be followed
you are allowed to take your meals
back to your unit so that you can eat
at your own pace.
If you are having difficulty with other
offenders you need to report that to staff
at the time of the incident.

Return to: _____ OID#: _____ Unit: _____ Room/Cell: _____

ATTN.

TIME SENSITIVEMinnesota Department of Corrections
OFFENDER KITE FORM

10FB

Offenders are encouraged to communicate with staff at all levels, but it is expected that the chain of command will be used. Your kite should be directed to the staff who can best answer your question. If you send a kite requiring an answer to the wrong staff, it will be returned to you. Kites are to be used for offender to staff correspondence only. If your kite is not specific, it will be returned for additional information. If you want your kite reviewed further up the chain of command, you must attach all previous kites to show the previous responses.

To: A/W/O TITUS Date: 2-13-16
 From: RILEY OID# 171203
 Facility/Unit K2A Room/Cell 122-2 Casemanager: _____

Other staff you have contacted regarding this issue and the outcome/decision (attach responses): _____

SIR: **(PLEASE RETURN DOCUMENTS.)**

- (1) I MEET THE CRITERIA FOR LINDEN MCF
 Issue: PLACEMENT INCLUDING, BUT NOT LIMITED
TO: ACTIVITIES OF DAILY LIVING (ADL) "EATING"
FROM DIV. DIR 500.180 (ALSO TO 100% OBSERVED PER
ORDINANCE). (I HAD TO READ THE POLICY TO KNOW FOR SURE)
 (2) INCLUDING MY R.S.D.T. DISABILITY, I WAS
 CONFINED PRIOR TO THE "DISCIPLINARY CONFINEMENT LEGISLATION". THIS IS A PART OF MY
 DOC FILES, IS ON FILE AT THE LAW OFFICE,
 AND I HAVE ASKED THAT ANY RETALIATION
 AGAINST ME I.E., RLL, ETC. BE TREATED AS
 VIOLATIONS ACTIONABLE IN A COURT OF LAW

- Response from: _____ Date: _____
 UNDER MN LEGISLATION, DOC POLICIES, SOCIAL
 SECURITY, AMERICAN'S WITH DISABILITIES (ADA)
 AND, RLLIPA (THAT IMPOSE HEAVY PENALTIES IN COURTS.)
 (3) I HAVE CARPENTER TUNNEL SYNDROME IN MY
 THUMB AND FOREARM, AND TREATING IS GOING
 WITH M.D.
 (4) I WILL NOT BE ABLE TO COMPLETE YOUR
 WORK ASSIGNMENT AS JANITOR K2A

CONT.

PLEASE COPY + RETURN SWORN AFFIDAVIT

Return to: _____ OID#: _____ Unit: _____ Room/Cell: _____

Minnesota Department of Corrections
OFFENDER KITE FORM

P 2-OF-2 ETC
 5

Offenders are encouraged to communicate with staff at all levels, but it is expected that the chain of command will be used. Your kite should be directed to the staff who can best answer your question. If you send a kite requiring an answer to the wrong staff, it will be returned to you. Kites are to be used for offender to staff correspondence only. If your kite is not specific, it will be returned for additional information. If you want your kite reviewed further up the chain of command, you must attach all previous kites to show the previous responses.

To: _____ Date: _____

From: _____ OID# _____

Facility/Unit _____ Room/Cell _____ Casemanager: _____

Other staff you have contacted regarding this issue and the outcome/decision (attach responses):

Issue: (5) LASTLY, I REGRET THAT THESE DIFFICULTIES ARE ARISING AS A RESULT OF FAILING TO PLACE ME IN MCF-LINDEN THAT WOULD HAVE ELIMINATED EACH ISSUE. I TRIED FOR AN ENTIRE YEAR TO COMPLY WITH MY ALTERED ACCOMMODATION. MY SAFETY FROM UNKNOWN HOSTILE PARTIES CANNOT BE MONITORED. AND YOU OF ALL PEOPLE KNOW YOUR STAFF, AS WELL AS PETTY PRISONERS WHO GRIPE, AND HYPE EACH OTHER. I CANNOT PUT MY SAFETY AT RISK CARRYING FOOD TRAYS.

Response from: _____ Date: _____

Return to: _____ OID#: _____ Unit: _____ Room/Cell: _____

Distribution upon completion of response: Original to offender; copy to respondent 303.101A (5/2009)

PLEASE ADVISE RETURN KITE

TO ALL STATE AND FEDERAL COURTS

THE AMERICANS WITH DISABILITIES

WARDEN MILES

CPD JAMIE DOEDEN

AND TO WHOM IT MAY CONCERN

RONALDO S. LIGONS,

AFFIDAVIT

AFFIANT/PETITIONER,

RONALDO S. LIGONS

V.

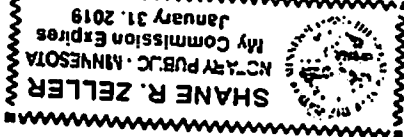
FEBRUARY 3, 2016

MINNESOTA DEPARTMENT OF

CORRECTIONS, ET AL.

RONALDO S. LIGONS, BEING DULY SWORN ON OATH, DEPOSES AND SAYS:

- 1. THAT AT ALL TIMES RELEVANT TO THIS AFFIDAVIT, AFFIANT HAS BEEN IMPRISONED AT EITHER MCF-STILLWATER, OR PRESENTLY AT MCF-FARIBAULT.**
- 2. THAT AFFIANT *FEARS FOR HIS SAFETY* DUE TO HOSTILITIES (IN THE PREPARATION, PICKING UP, AND CARRYING TO AND FRO OF HIS MEALS) FROM PRISON STAFF, AND PRISON "INMATES."**
- 3. THAT AFFIANT BELIEVES THAT HE IS BEING *SINGLED OUT*, AND HARASSED, AND RETALIATED AGAINST BY PRISON STAFF, AND PRISON "INMATES DUE TO HIS DISABILITY.**
- 4. THAT AFFIANT CAME TO MCF-FARIBAULT (FRB), IN FEBRUARY 2015 WITH AN (ADA) ACCOMMODATION FOR "MEALS DELIVERED TO THE (LIVING) UNIT."**
- 5. THAT (FRB) CHANGED THE ACCOMMODATION TO REQUIRE AFFIANT TO CARRY FOOD TRAYS ¼ MILE EACH WAY THREE TIMES DAILY, IN ALL WEATHER WITHOUT A PROPER CARRYING CASE.**
- 6. THAT FROM FEB. 2015, STAFF IN THE KITCHEN, IN THE DINING ROOM, TO AND FROM THE DINING ROOM, AND IN THE LIVING UNIT, HAVE DISPLAYED HOSTILITIES TOWARD AFFIANT, CALLING HIM "SPECIAL" AND MUCH WORSE.**
- 7. THAT AFFIANT HAS DOCUMENTED THESE HOSTILITIES OVER THE PAST YEAR INCLUDING BEING CURSED BY A SECURITY STAFF IN THE DINING ROOM ON OR ABOUT DECEMBER 27, 2015, DURING THE TIME OF AFFIANT'S MOTHER'S DEATH.**



SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th DAY OF February 2016

RONALDO S. LIGONS

FURTHER AFFIANTS SAY NOT.

WHERE MEALS ARE DELIVERED.

19. THAT ALL OF THESE PROBLEMS WOULD NEVER HAVE ARISEN IF (FRB) HAD FOLLOWED THE ORIGINAL ACCOMMODATION AND PLACED AFFIANT IN THE "LINDEN" BUILDING
18. THAT IN THE DARKNESS OF THE EARLY MORNING OF JANUARY 30, 2016 WHILE GOING TO THE INSULIN RUN AT HEALTH SERVICES, AN "INMATE" KITCHEN WORKER WALKED UP BEHIND AFFIANT WHILE PASSING IN FRONT OF THE DINING HALL, AND SAID: "OUGHT TO BUST YOU IN THE BACK OF YOUR HEAD."
17. THAT DUE TO THE MANIPULATIONS OF "INMATE" SERVERS, KITCHEN STAFF, AND DINING ROOM SECURITY STAFF, AS WELL AS FALSE STATEMENTS CLAIMING THAT AFFIANT WAS "ASKING FOR EXTRA FOOD" AFFIANT LEFT HIS EVENING MEAL IN THE DINING ROOM AND LEFT STATING THAT HE WOULD NO LONGER COME TO PICK UP THE TRAYS.
16. THAT THIS SORT OF COMMOITION HAS CAUSED SECURITY STAFF TO GET INVOLVED. AFFIANT IS SINGLED OUT AS THE ONE CAUSING DELAYS IN THEIR FOOD.
15. THAT OFTEN THESE HOSTILE AND BOISTEROUS "INMATE" SERVERS CAUSE HOSTILE COMMENTARY FROM THE "INMATES" IN LINE WAITING FOR THEIR TRAYS BECAUSE AFFIANT IS SINGLED OUT AS THE ONE CAUSING DELAYS IN THEIR FOOD.
14. THAT THIS DISRUPTION OF THE PROCESS FOR FILLING OF THE FOOD TRAYS CAUSES SOME "INMATE" SERVERS TO SPEAK WITH HOSTILITIES, EVEN WHEN THERE IS NO ERROR.
13. THAT THE SERVERS ALSO HAVE TO DISRUPT THEIR REGULARY ROUTINE TO FILL AFFIANTS DIFFERENT (BLUE TRAYS WITH TOPS) AND THE ERRORS ARE MORE COMMON AND IDENTIFIABLE AS TO AFFIANT. (STAFF DO NOT PREPARE THE TRAYS.)
12. THAT REGULARLY THE SERVERS MAKE ERRORS AND "INMATES" COME BACK REQUESTING CORRECTIONS TO THEIR TRAYS.
11. THAT THE BEST WAY TO DESCRIBE ONE OF THE PROBLEMS CAUSING DANGEROUS HOSTILITIES IN THE DINING ROOM IS AS FOLLOWS: THE "INMATE" SERVERS HAVE TO FILL IDENTICAL TRAYS ALONG A SERVING LINE.
10. THAT KITCHEN STAFF, MS. KAYWEL HAS BEEN HOSTILE TOWARD AFFIANT SINCE FEBRUARY 2015.
9. THAT THE "INMATE" SERVER MADE LOUD AND FALSE STATEMENTS REGARDING THE TRAY CAUSING STAFF MEMBER KAYWEL TO COME TO THE SERVING WINDOW.
8. THAT ON JANUARY 28, 2016 AFFIANT RECEIVED ONE OF MANY IMPROPERLY PREPARED FOOD TRAYS AND SENT IT BACK FOR CORRECTION.



MCF-Faribault
OFFICE
MEMORANDUM

DATE: January 4, 2016

TO: Mr. Ronaldo Ligons #171203
K2D, 123-2

FROM: Eddie Miles, Jr. *EMJ*
Warden

SUBJECT: Living Unit Placement

You wrote to me regarding placement in the Linden Unit, an ADA request and interactions with offenders and staff.

Placement in the Linden Unit requires offenders to meet certain medical criteria.

My understanding is you have been reviewed for placement, but do not meet the criteria needed.

If you are receiving harassing comments due to your disability, please report it to your unit lieutenant. Harassing comments will not be tolerated, and offenders or staff making these comments will be held accountable.

If you feel you need ADA accommodations, you need to contact CPD Doeden and/or Lt. Ramsay. Make your request clear and give reasons for the ADA accommodation. Please state why you are unable to carry food trays back and forth to your unit, as arranged.

/jm

C: File



Minnesota Department of Corrections
Minnesota Correctional Facility - Faribault
Grievance Report - 5283

OID 171203

Living Assignment MCF-FRB K2 C Tier 1 109 02 Lower Bunk

Name Ligons, Ronaldo Sylvester

Case Worker

Haffaly, Jeffrey J

Grievance Facility: Faribault

Group: Dietary

Type: Environmental Conditions - Kitchen or Dining Hall

Grievance:

Grievant is entitled to meals, DOC is responsible for providing meals according to original ADA reasonable accommodation, meals to unit, meals on wheels in the Linden building, where meals are delivered. The unrequested alteration of meal delivery by requiring grievant to carry trays to and fro without any carrying case has proved dangerous due to threats from prison kitchen worker, harassment from prisoners throughout the campus and harassment by DOC staff and has been documented by sworn affidavits. Grievant is singled out as special and this creates hostilities, threats, and is a violation of ADA as a discriminatory practice. It is actionable under federal laws.

Institution File Date: 03/25/2016

Institution Response:

Food Services Director was able to find a food carrier for you to use. This resolves your issue and provides you with what you requested. Your claims that staff have threatened or harassed you is unfounded. You are not being singled out or discriminated against.

Institution Response Type: Dismiss with Modifications

Institution Response Person: Miles, Eddie

Institution Response Date: 04/07/2016



BioReference
LABORATORIES

D
O
C
O
R

CMS M
2305 MN BLVD. SE
ST. CLOUD MN 56304
(320) 240-7032 (MN307-4)

MICHAELSON, BARRY

MICHAELSON, BARRY

MICHAELSON, BARRY

MICHAELSON, BARRY

-FINAL- Original Report 10/23/2009

NAME

MICHAELSON, BARRY

PATIENT I.D. / ROOM NO.

203279

DOCTOR / GROUP NAME

KALLA, IMO

LAB I.D. NO.

104993628

DATE COLLECTED

10/22/2009

DATE RECEIVED

10/22/2009 01:46

DATE OF REPORT

10/23/2009 16:34

AGE

45

SEX

M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* CARDIOVASCULAR/LIPIDS *-----

Cholesterol	149	< 200	mg/dl
-------------	-----	-------	-------

-----* MISCELLANEOUS *-----

RPR	NON-REACT	NON-REACTIVE
-----	-----------	--------------

GLUCOSE, NON-FASTING	83	60-125 mg/dl
----------------------	----	--------------

HIV 1/O/2 ANTIBODY	Non-Reactive <i>memo sent 10-26-09 JF</i>	Non-Reactive
--------------------	---	--------------

NOTE: Patients nonreactive for HIV antibody MAY BE infected but have not yet seroconverted. If a nonreactive result seems inconsistent with the clinical setting, RESUBMIT a new specimen for retest in 1-3 months.

ASSAY INFORMATION: Assay for the Detection of Antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "O") and/or Type 2 (HIV-2) Manufactured by Siemens Healthcare Diagnostics.

NOTICE: IF the result of the RPR is reported as reactive with a titer of up to 1:8 please note that this level of reactivity can be caused by other, non-specific constituents and may not be related to syphilis. Confirmation of positive RPRs can only be made via performance of the T. Pallidum confirmation test.

Final Report

10/26/09
JF

James W. Berger
James W. Berger, M.D.
LABORATORY DIRECTOR

481 EDWARD H. ROSS DR
ELMWOOD PARK, NJ 07407
1-800-229-LABS
SEE BILL FOR



D O C T O R	CMS M 1101 LINDEN LANE FARIBAULT MN 55021 (507) 334-0832 (MN300-9)	MICHAELSON, BARRY	MICHAELSON, BARRY
		MICHAELSON, BARRY	MICHAELSON, BARRY
-FINAL- Original Report 03/04/2010			
NAME MICHAELSON, BARRY		PATIENT I.D. / ROOM NO. 203279	DOCTOR / GROUP NAME HARDRICT
LAB I.D. NO. 106506407	DATE COLLECTED 02/26/2010	DATE RECEIVED 02/27/2010 12:37	DATE OF REPORT 03/04/2010 13:15
		AGE 45 Y	SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Comment :
NON FASTING

----- * MISCELLANEOUS * -----

LAMOTRIGINE (12) 1.6 LO 2.0 - 20.0 ug/ml
Current clinical information suggests the recommended concentrations for lamotrigine during chronic therapy are 2 - 20 ug/ml.
Lamotrigine analysis performed by high performance liquid chromatography (HPLC).

(12) &NOTE: Drug screen AND confirmation, where necessary, performed by:
Medtox Laboratories, Inc.
402 West County Road D
St. Paul, MN 55112

Final Report

VPD
3/5/10

Minnesota Department of Corrections
Behavioral Health
MCF-Stillwater
Mental Health Record

Transferred from MCF-Fairbault
Late June 05 2010

Name: Michaelson, Barry

OID: 203279

Date: 7/20/10

Nature of Contact, Observations, Diagnosis, Recommendations, Plans, etc.

Session Type:
Brief Assmt

Time: 30

B-West
Cell #
106

Mr.
Decorsey

(S) Met with Mr. Michaelson for routine follow up after he transferred from MCF-FRB. He said he is irritable because he was transferred into a cell hall that was on an extended lockdown. He said "Dogs get treated better, were people. The CO's aren't better than me." He gets irritable with the immaturity of the younger offenders. He went on about the disrespectful conditions in prison and identified this as the main source of his irritability. He is focused on getting out of BW. He has applied to participate in higher education, as he believes this is the fastest route to moving cell halls. He values working and worked while in the community and throughout his life. He verbalized that venting his thoughts about prison conditions was beneficial to him and he felt better.

He said he is on a lower dose of Lamictal than previously. This is not reflected in psychiatric notes in his mental health file, so I will review his medical file for information on this. He said he requested this decrease because he thought he was experiencing an irregular heartbeat as a side effect. However, medical testing did not reveal any problems so he would like the dose to be increased back to 100 mg twice per day.

We discussed the differences between Axis I and Axis II disorders and the most effective treatment approaches for these. He expressed interest in engaging in therapy. I explained that therapy time is not used simply to vent as this strategy does not produce any long-term change in problems. He accepted this. I explained that in order to receive therapy he needs to have treatment goals related to what he wants to work on improving or changing about himself or his symptoms. He was willing to do this. He will consider possible goals and send a kite if he has ideas on this. If I receive a kite I will meet with him to discuss treatment goals further. Otherwise, I will follow up in approximately three months for medication monitoring.

(O) Euthymic affect. Irritable mood.

(A) Mood Disorder NOS, Borderline Personality Disorder. Although he was very angry about the conditions in prison and particularly BW, he also recognized that he can take steps to improve his situation and get out of this cell hall.

BW = B. West Cell Hall # 106

(P) Check medical chart for current dose of Lamictal. Follow up in approximately three months unless he sends a kite with ideas for treatment goals and then I will meet with him sooner.

Name: Michaelson, Barry

OID: 203279

Date: 7/20/10

Kathryn Lockie, MA, LPCC

Kathryn Lockie, MA, LPCC
Clinician

Mental Health Record

KL

Date: 11/04/2010

Virginia Mandac, M.D./Rrp/230/Dictated, but not reviewed.

Minnesota Department of Corrections Chemical Dependency Rating Form

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Name (Last, First Middle) Michaelson, BarryOID 203279Date: 6/27/06Assessor Name: Debbie Barron MA, LADC, CPT 2I. TCU Drug Screen Results Number endorsed (possible 12) = 0

II. Assessment Results

Offender Meets DSM IV Criteria for (See Assessment Part 2):

☒ Dependence ☐ Abuse ☐ Does not meet DSM IV Criteria for dependence or abuse

Diagnostic Impression:

Primary Alcohol Dependence (303.90)Secondary Cocaine Dependence (304.20)Tertiary Cannabis Dependence (304.30) (In Remission)

No Hq drug use history. ↑

III. Level of Need Recommendations

Based on DSM IV criteria, offender's chemical use history, offender's CD program intervention history, relationship of offender's chemical use to the commitment offense, offender's relapse/remission history, and criminogenic factors as determined by the LSI-R, the following is recommended:

CD Level of Need 2: Intensive Primary Treatment

Justification, if necessary: Offender endorsed current symptoms of dependence on cocaine and alcohol. He endorsed past symptoms for cannabis with dependency symptoms currently in remission. Offender reports that he completed treatment at Cedar Ridge and has been sober since that time. 6/16/04 offender was terminated from MCF-LL Transitional Prg. Since release offender was placed in 2 CD programs from which he absconded not completing either program.

IV. Collateral information used to document this assessment (include date of document or contact)

Source #1 PSI dated 3/24/06

Source #2

V. Subjects current attitude about the need for alcohol/drug treatment? Positive

VI. Comments

Probation Violation for non-contact._____
Assessor SignatureTHIS PAGE MAY BE COPIED AND DISTRIBUTED WITH PROPER RELEASE

Genito Urinary System <input checked="" type="checkbox"/> No problems identified <input type="checkbox"/> Incontinence <input type="checkbox"/> Frequency Hx. of disease or infection <u>no</u> <input type="checkbox"/> Prostatitis <input type="checkbox"/> Menopausal	Females only Last menses _____ Usual length <u>NA</u> Last pap smear _____ Last mammogram _____ No. full term pregnancies _____ No. abortions _____ No. miscarriages _____ Contraceptive method _____
<input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Other _____ <input type="checkbox"/> Menses <input type="checkbox"/> STD	

Nervous System <input checked="" type="checkbox"/> No problems identified <input type="checkbox"/> Fainting <input type="checkbox"/> Seizures Hx. of disease/surgery <u>None</u>	<input type="checkbox"/> Disorientation <input type="checkbox"/> Poor Balance <input type="checkbox"/> Other _____	<input type="checkbox"/> Aphasia <input type="checkbox"/> Dizziness <input type="checkbox"/> Paralysis <input type="checkbox"/> Headaches
---	--	--

Psychological History <input type="checkbox"/> No problems identified <input type="checkbox"/> Alcoholism <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Depression <input type="checkbox"/> Behavior problem	<input type="checkbox"/> Suicidal history <input type="checkbox"/> Psychosis/mental illness
Years of education <u>12</u>		

Plan of Care <input type="checkbox"/> Dental referral <input type="checkbox"/> Physician's Clinic referral <input type="checkbox"/> Mental health Clinic referral	<input type="checkbox"/> Follow up scheduled with nurse <input type="checkbox"/> Return per Kite if needs <input type="checkbox"/> Educational Materials provided (specify) _____
---	---

Notes: wants to get back on Celexa.

[Signature]
Nurse's Signature

11/24/08
Date

Alper
12/11/08

Mental Health Evaluation

Have you been here before?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems in the jail when you were here before?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emotional response to incarceration:		<u>about as well as anyone else.</u>	
Are you on probation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Next court date:	<u>12/11/08</u>

Current Housing:	<input checked="" type="checkbox"/> Private Home/Apt	<input type="checkbox"/> With Friends	<input type="checkbox"/> Shelter	<input type="checkbox"/> On Streets
Do you currently have contact with family members, someone who cares about you?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Education:	Do you feel you can read and write adequately?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Last grade completed:	<u>12</u>	Were you ever in special education?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment:	Where do you work?	For how long?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation?
		<u>housing.</u>

Psychiatric History			
Are you receiving current medical care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	With whom?	
Have you ever had head injury or seizures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	When/How?	
Have you been hospitalized for mental illness or emotional problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Where/When?	
Have you ever received outpatient treatment or counseling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Where/When?	
Have you ever attempted suicide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	When/How?	
Are you having suicidal thoughts now?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have a plan?	
Have you ever been abused or a victim of criminal violence?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever behaved violently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hurt a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged/convicted Of a sexual offense?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you currently taking psychotropic medications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Psychotropic Medications	Dose	Frequency	Route	Pharmacy

Appearance	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Meticulous	<input type="checkbox"/> Unkept	<input type="checkbox"/> Body Odor
Activity	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Mannerisms	<input type="checkbox"/> Restless	<input type="checkbox"/> Uncoordinated <input type="checkbox"/> Hyperactive
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Elated	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Angry
Eye Contact	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Fixed Stare	<input type="checkbox"/> Avoiding	<input type="checkbox"/> Darting <input type="checkbox"/> Closed Eyes
Speech	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Slow/Fast	<input type="checkbox"/> Loud/Soft	<input type="checkbox"/> Clear/Slurred <input type="checkbox"/> Disorganized
Thought Content	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Delusional	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Physical Concerns <input type="checkbox"/> Hallucinating
Thought Process	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Denial	<input type="checkbox"/> Confused <input type="checkbox"/> Loose
Orientation	<input type="checkbox"/> Appropriate	Disoriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time		
Memory	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Loss of Recent Memory	<input type="checkbox"/> Loss of Remote Memory	
Insight	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Poor Insight	<input type="checkbox"/> Unrealistic	<input type="checkbox"/> Poor Judgement

Substance Abuse History					
Frequency of Use Codes	1 No Use	3 1-2 x/wk	5 Daily	7 Binge Patterns	
	2 1-3 x/mo	4 3-6 x/wk	6 Several x/day	8 Less than q wk	
Drugs	Current Use	Frequency Code	Amount	Longest Period of Abstinence	Hx of Past Use
Alcohol	Yes/No <input checked="" type="checkbox"/>		Occas.		X
Marijuana	Yes/No <input checked="" type="checkbox"/>				
Opiates	Yes/No <input checked="" type="checkbox"/>				
Tranquilizers	Yes/No <input checked="" type="checkbox"/>				
Amphetamines	Yes/No <input checked="" type="checkbox"/>				
Other	Yes/No <input checked="" type="checkbox"/>				

Have you ever received treatment for substance abuse? ☐ Yes ☒ No When/Where?

Plan	<input checked="" type="checkbox"/> No Further Action	<input type="checkbox"/> Sick Call	<input checked="" type="checkbox"/> Referred to Psychiatrist	<input type="checkbox"/> Referred to Physician
Discharge Plan	<input type="checkbox"/> Self Care	<input type="checkbox"/> Community Health	<input type="checkbox"/> Psychiatry Appointment	<input type="checkbox"/> Community Resources
	<input type="checkbox"/> MSW Referral	<input type="checkbox"/> Referral to AA/NA	<input type="checkbox"/> Chem Dep Referral	<input type="checkbox"/> D/C with Medications
Notes				

Mental Health Evaluation Reviewed by:

RN Signature/Title

Date

Physician

Date

Minnesota Department of Corrections – Stillwater
Behavioral Health Services
Psychiatric Assessment

Name: MICHAELSON, Barry

OID#203279

Date: 08/10/2010

Current Psychiatric Medications: Lamictal 100 mg q.a.m., Risperdal 2 mg q.h.s., and Zoloft 200 mg q.a.m.

Subjective: Mr. Michaelson was last seen at MCF Faribault on 05/12/10 by Dr. Hardrict and was given a diagnosis of Bipolar Disorder Type 2 and ADHD. He has been on Risperdal and Zoloft since prior to being in the DOC and said Risperdal had been started in the Anoka County Jail and this was to help to maintain his mood stability. He has been bothered by what he describes as like heart fluttering, but had a normal EKG on 03/10, but said it still happens. We discussed the issue with his elevated liver functions, which were done on 05/19/10. At that time, his lipids were normal and his CBC was normal. He stated that he had no history of hepatitis, but at one point in his life was an IV drug user and that he could possibly have hepatitis from that. He was agreeable with repeating his liver functions, doing a hepatitis screen and having me refer him to Health Services. We also reviewed the side effects of Risperdal and the fact that it could elevate his liver functions and he chose to taper off this. We will increase his Lamictal as he felt that that was helpful for him.

Objective: Labs: As the above. AIMS was zero on 01/18/10. **Allergies:** Penicillin.

Mental Status Exam: Appearance: Caucasian male with glasses. He is heavyset. His mood was "pretty good." His affect appeared mildly anxious. His speech was normal. His psychomotor activity was normal. Thoughts were logical and coherent. His insight appeared to be good. No manic symptoms were noted. He did agree he primarily had issues with depression and that he was very reactive to circumstances and was familiar with the borderline personality disorder diagnosis. He denied any suicidal thoughts. He verbalized no thoughts of harm to others. His main issue was having his health taking care of and making sure there is no problems with his liver. His insight was good. His judgment appeared good at this time.

Assessment:

- Axis I:**
1. _____ Mood Disorder, not otherwise specified.
 2. Polysubstance dependence.
- Axis II:** Borderline Personality Disorder.
- Axis III:**
1. History of tinnitus.
 2. Elevated liver functions noted on 05/19/10.

Page 2 of 2

August 10, 2010

- Plan:**
1. Repeat LFTs, hepatitis screen, and refer to Health Services.
 2. Decrease Risperdal to 1 mg q.h.s. x7 days and stop.
 3. Increase Lamictal to 150 mg q.a.m.
 4. Follow-up in eight weeks.

Deborah MacNeill, M.D./Rrp/448/Dictated, but not reviewed.

AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATIONName of Patient Barry MichaelsonChart No. Medical onlyDate of Birth 09/16/1964 OID # 203279Social Security # Private Info. Not Public

I authorize:

To release to:

Minnesota Department of Corrections and their
counsel**SPECIFIC DESCRIPTION OF INFORMATION TO BE USED AND DISCLOSED**
(specify dates for each, unless "entire medical record" is selected)

_____ treatment from _____ (date) to _____ (date)	
_____ Hospital Admission Summary	_____ Lab Reports
_____ Hospital Discharge Summary	_____ X-ray Reports
_____ Operative Report	_____ X-ray Films
_____ Progress Notes	_____ Psychiatric Intake
<input checked="" type="checkbox"/> Entire Medical or Treatment Record	_____ Immunizations
_____ Billing Information	_____ Pathology Report
_____ Other (please specify) <u>No Mental Health Records: Confidential</u>	
<input checked="" type="checkbox"/> I authorize verbal and/or written exchange about my medical information	
<u>as agreed on: Dec 15, 2015</u>	<u>Protective order</u>

PURPOSE OF THE USE AND DISCLOSURE

_____ Further Treatment (Date of Appointment _____)	
_____ Insurance Application	_____ Personal Records
_____ Disability Determination	_____ Education
_____ Vocational Rehabilitation Evaluation	_____ Payment of Insurance Claims
_____ At my request	<input checked="" type="checkbox"/> Legal
_____ Other _____	

I authorize the use and disclosure of my individually identifiable health information as described above. I further authorize the Minnesota Attorney General's Office to release the records received pursuant to this authorization to the court, court staff, expert witnesses, and counsel for any co-defendants in the pending case of *Ligons et al. v. Minnesota Department of Corrections, et. al.*, United States District Court No. 15-cv-2210, as well as to the staff of the Minnesota Department of Corrections. I understand that this authorization is voluntary. I understand that if the person or organization I authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed. I understand that my health care and payment for my health care will not be affected if I do not sign this form.

I understand that I may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it. I understand that this authorization will expire on Feb 17, 2016 (specify date or event) or, if no date or event is specified, 24 months from the date of signing. Will need new H.P.P.A. Release after this date

A photocopy or fax of this authorization will be treated in the same manner as the original.

Signature of Patient/Guardian/Representative

Date

Apr 16, 2016

Protected under Title 42 U.S.C § 10801 Mental Health Act: Subd (a) (b) Vulnerable Adult. Inter-alia: U.S. Supreme Court Ruling

Clinical Record

Department of Corrections
State of Minnesota

Michaelson Barry

Case#

203279

DATE	State Observation: Doctor's, Nurses' Notes, signature and title
4/5/00 1530	Offender present c/o shoulder discomfort. State he was lifting into yesterday, did not go yesterday or come to sick call today. Approx 50% ROM, instructed to use ice, shoulder rest. Deformity or displacement noted. Returned to his unit. <i>D. Galtman RN</i>
4/5/00 2200	Unit staff called to report offender to severe pain - requests shoulder immobilization provided. <i>D. Galtman RN</i>
4/8/00 0800	Sick call: S: F/M states he has no problem c/o shoulder, stated had been lifting weights + caused acute injury but has no pain or problem @ present. F/M noted refusal of tx + cancelled no gym activities, as this is F/M ultimate decision. <i>R. McInerney</i>
8/21/00	Sick call: Concerned he is Hepatitis positive. States he was reading a book from the library on Hepatitis C and feels he has the symptoms listed in the book. Offender relates symptoms as follows: itching on bottom of feet and palms, dark urination, dark stools, constipation, persistent HA, bloating and gas, ringing in ears, and occasionally sees spots. Offender states he eats dry cereal, milk and toast in am and salad and vegetables in evening. States he doesn't buy food items from canteen. Also reports he drinks only 3-4 glasses of fluid per day. Reports 4/0 unprotected sex & multiple partners, also reports IV drug use & shared needles. Discussed possibility symptoms are related to poor diet and fluid intake. Given handouts on nutrition and fluids. Offender denies current flu-like symptoms. Will place on list for Hepatitis screening. <i>J. P. H. W.</i>
9/27/00	TO C.O. -- <input checked="" type="checkbox"/> SRD <input type="checkbox"/> EXP <input type="checkbox"/> PRD <input type="checkbox"/> WORK RELEASE SENT <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> PSYCH <input checked="" type="checkbox"/> NO X @ MOOSE LAKE JWARPULA, OASI

Form#45 Rev.

MEDICAL AND NURSING PROGRESS NOTE

Clinical RecordDepartment of Corrections
State of Minnesota

Name

Case#

DATE

State Observation: Doctor's, Nurses' Notes, signature and title

8-17-00 Intake PE, see physical form *[Signature]* RN, FNPC-

Michaelson, Barry 203279

Connaught Mantoux .1ml PPD

Given I. forearm on 4-4-00

PPD read on 4-6-00 by *Steve Jankowski* RNResults *0mm* LOT #*0444HPEXP 8-10-01*

9-15-00

WT 205#	TEMP 98.8	BP 130/76	P 77
---------	-----------	-----------	------

Medical Consult MCF-WR/ML - MICHAELSON, Barry OID # 203279 - September 15, 2000

S: Discussion regarding hepatitis C.

O: 205, 98.8, 130/76. He is hepatitis C positive.

A/P: Hepatitis C positive. Advised when released on 09/27/00 to seek further evaluation from family physician.

A. Hertsel Zuckai, M.D./EM 108

Dictated but not reviewed

D: 09/15/00

T: 09/18/00

Job #183382

Form#45 Rev. 5-93

MEDICAL AND NURSING PROGRESS NOTE

MEDICATION ORDERS

Nature

STATE OF MINNESOTA
Department of Corrections

DATE & TIME

2-13-02

ADMITTED TO MCF/SCL

No current problems — W. John M

2/20/02

SRD

C Thompson

NAME Michaelson, Barry

OID 203279

5070020043

PROGRESS NOTES

MINNCOR

STATE OF MINNESOTA
Department of Corrections

DATE & TIME	
30-05 1415	<p>RV out less than 90 days. Was on my left and said it was very helpful but the jail didn't give it to him. Requested an appeal to be scheduled a psychiatrist. No other concerns at this time. Did complain of dry, itchy feet. Advised to sign up for sick call. Mantoux given. ————</p> <p>Addn: Bee sting allergy. Med alert signed, and stickers given. ————</p>
Inmate	Michaelson
Release Date	9-18-05
Medications Ordered	KOP
Waiver Signed/Instructed on pick-up	9-11-05
Medical Summary completed	
Prescriptions written	MDR
Date Delivered to B control	9-15-05 By: Queller

32-05: 1330 Chart to central office. X McConn OASZ MCFU ————

NAME: Michaelson, Barry

OID 203279

5070020043

PROGRESS NOTES

 MINNCOR

Minnesota Department of Corrections

MCF- SC

Name <u>Michaelson, Barry</u>		Date <u>6/14/06</u>	Time	County <u>Hennepin</u>
		OID <u>203279</u>	Date of Birth <u>9.16.64</u>	
<input type="checkbox"/> New	<input type="checkbox"/> Release Violator	<input type="checkbox"/> Escape	<input type="checkbox"/> Temporary Out Out how long	<input type="checkbox"/> Transfer Here Previously? <u>FRB</u> When? <u>"04</u>

ADMISSION	General appearance/behavior: <u>good / calm</u>			
	Temp: <u>97.8</u>	B.P.: <u>118/80</u>	Pulse: <u>64</u>	Resp.: <u>16</u> Wt.: <u>198</u> Ht.: <u>5'7"</u>
Physical Handicap?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Evidence of physical abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Alcohol/drug abuse?	Type: <u>Alcohol</u> <u>Weed</u>	Mode:	Last Used: <u>03</u>	
Withdrawal problems anticipated: <u>headaches</u> <u>Darm</u>				
Check all that apply: <input checked="" type="checkbox"/> Trauma markings <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lesions <input type="checkbox"/> Jaundice <input type="checkbox"/> Rashes				
<input type="checkbox"/> Infections <input type="checkbox"/> Weight loss > 10 lb. <input type="checkbox"/> Cough > 3 weeks <input type="checkbox"/> Night sweats <input type="checkbox"/> Hepatitis when? <u>6</u>				
Previously had: <input type="checkbox"/> Scabies <input type="checkbox"/> Crabs <input type="checkbox"/> Body/head lice...when? <u>6</u>				
Exposure to communicable disease: <u>6</u>				

MEDICAL	Allergies (medications, insects, foods, etc.): <u>?PCN</u>	
Current Medications:	<u>Wellbutrin 9 AM SR 200mg</u> <u>Lexapro 7 AM 10mg</u>	
Currently under medical/dental care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Medical/dental action required now: <u>6</u>		
History of asthma:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cell restriction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
History of seizures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cell restriction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PPD history:	<input type="checkbox"/> Mantoux reactive <input checked="" type="checkbox"/> Mantoux non-reactive <u>6.14.06</u>	
Immunizations: Hepatitis A Series:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hepatitis B series? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Influenza:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5070020036

Health Screening

MINNCOR

500.050 6/01

203279

9/16/1964

PHYSICAL EXAMINATION

MICHAELSON, BARRY SCOTT

OID No.

Temp. 98.1

Resp. 16

Pulse 64

B.P. 118/80

5'7"

Height

190

Weight

System Review: Eyes 0

Ears, ~~Nose~~ Throat 0

Cardio respiratory 0

Gastrointestinal 0

Reproductive 0

LMP N/A

Contraceptive N/A

Neuromuscular (R) Knee acc pain probably due to injury - problems for last 6 months

Skin & skeletal

Physical Examination: General Appearances NAD

Head nme

Eyes nme

Ears nme

Nose, Throat & Neck nme

Chest / Breasts nme

Heart RRR - S2

Abdomen Round & hepatomegaly

Rectal N/A Due to age

Pelvic / Genitalia Circ & hernia

Trunk & Extremities

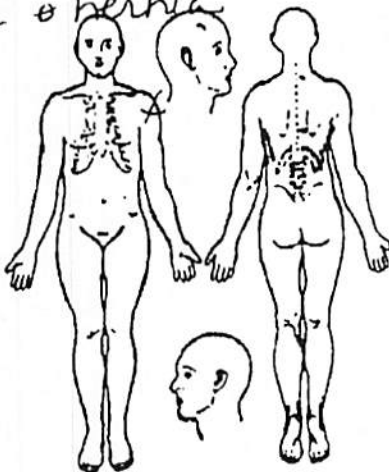
WNL

Neurological

Skin Intact

Clean

Scars & Tattoos



FAMILY HISTORY

	AGE	HEALTH HISTORY
Father	70	AW
Mother	63	AW
Brother	51	AW
Sister	51	AW
Children		

ILLNESSES/INJURIES Give Age and/or Year

Age/Year

Age/Year

	YEAR		YEAR
Head	105	Herpes	—
Seizures	—	Syphilis	—
Fractures (Dunklee)	199	Gonorrhea	—
Ear, Hearing Problem	—	Chlamydia	—
Rheumatic Fever	—	Venereal Warts	—
Diabetes	—	Hepatitis	—
Kidney Disease	—	Infectious Mono	—
Asthma	—	Tuberculosis	—
Emphysema	—	Measles	—
Bronchitis	—	Mumps	—
Cancer	—	Chicken Pox	6/23/01
Heart Disease	—	HIV Test	10/1/01
Hypertension	—	Tet. Toxoid	10/1/01
Ulcers	—		
Last Dental Examination	05		

Vision Screening (Snellen Chart)

R 20 20 With Glasses
20 30 Without Glasses

Color Vision nme

Hearing (Gross Screening) nme

Work Status Limitations none

Activity Restrictions none

Treatment Recommended

acc knee pain (R)
Ibuprofen PRN

Signature:

Dino Powell RNC NP

Title

Date: 6/19/06

SUMMARY REPORT

5070020030

Confidential - Private Government Data

MINNCOR

DOC Ligans Michaelson 0000945

Transfer Summary Form

Name: Michaelson Barry 9/14/09Date: 10/16/09

AKA: _____

☒ Male ☐ FemaleCurrent/Chronic Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Diabetes
☐ 4. Cardiovascular
☐ 5. Hypertension
☐ 6. Seizures
☐ 7. Pregnancy
☐ 8. Vulnerable
☒ 9. Mental Illness (specify)
☐ 10. Other (specify)

MDD, ANH, OCO, PTSD, CAD, no Bi-Polar

Restrictions

- ☐ Lower Bunk
☐ No Stairs
☐ Crutches
☐ Cane
☐ Wheelchair
☐ Prosthesis (specify)

Allergies N/ADiet ☒ Regular☐ Special Diet (specify)Tuberculosis StatusSkin Test: Date Given: 11/24/08 Date Read: 11/20/08 Results 0 mm

X-Ray: Date: _____ Results: _____

Current Medications

Start Date	Stop Date	Medication	Dosage	Frequency	Route
10/7/09	11/6/10	Risperidone 1mg	1mg	BID	po
10/7/09	11/5/10	Setraline 100mg	200mg	daily	po
9/17/09	12/16/09	Fiber-lax 1025mg	2 tabs	TID	po
9/3/09	12/2/09	Doxepin 100mg	100mg	prn HS	po
9/3/09	12/2/09	Lamotrigine 150mg (75mg)	1/2 tab	daily	po

Narrative: No suicidal ideations at this time.Date: 10/16/09Signature/Title: [Signature]Circle Facility

Anoka County Jail
 325 East Jackson Street
 Anoka, MN 55303
 Phone: 763-323-3085
 Fax: 763-323-5024

Anoka County Medium Security
 7545 Fourth Avenue
 Lino Lakes, MN 55014
 Phone: 651-783-7633
 Fax: 651-783-7540

Anoka County Workhouse
 3300 4th Avenue
 Anoka, MN 55303
 Phone: 763-712-2229
 Fax: 763-712-2709

Minnesota Department of Corrections

Age	45	Institution	MCF/SCL	Approximate SRD	?
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FAMILY HISTORY: Indicate illness or cause of death (i.e. cancer, diabetes, stroke, heart, lung, HTN, epilepsy, TB, mental illness)

Family member	Age	Deceased	Illness/cause of death	Family member	Illness/cause of death
Birth mother	66	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	Children	X 3 <input checked="" type="checkbox"/>
Birth father	73	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	HTN		
	# living	# deceased			
Brother(s)	X 1		<input checked="" type="checkbox"/>		
Sister(s)	X 1		<input checked="" type="checkbox"/>		

OFFENDER PAST MEDICAL HISTORY & REVIEW OF SYSTEMS; CHECK IF HAS OR HAS HAD ANY OF THE FOLLOWING

Past medical history:

1 <input checked="" type="checkbox"/> Head injury with LOC briefly only	13 <input type="checkbox"/> Kidney disease	24 <input type="checkbox"/> Night sweats
2 <input checked="" type="checkbox"/> Fractures	14 <input type="checkbox"/> HIV or AIDS	25 <input checked="" type="checkbox"/> Ear, nose, throat problems @ ? Primitus
3 <input type="checkbox"/> Thyroid problems	15 <input checked="" type="checkbox"/> Sexually transmitted disease	26 <input type="checkbox"/> Dentures or partials
4 <input type="checkbox"/> Asthma or difficulty breathing	16 <input type="checkbox"/> Diabetes	27 <input type="checkbox"/> Swollen lymph nodes
5 <input type="checkbox"/> Emphysema/COPD	17 <input type="checkbox"/> Seizures	28 <input type="checkbox"/> Chest pain or shortness of breath
6 <input type="checkbox"/> TB or lived with anyone with	18 <input type="checkbox"/> Cancer	29 <input type="checkbox"/> Stomach problems
7 <input type="checkbox"/> Hypertension	19 <input type="checkbox"/> Bleeding disorder or sickle cell	30 <input type="checkbox"/> Constipation or diarrhea
8 <input type="checkbox"/> Heart disease	20 <input type="checkbox"/> Attempted suicide	31 <input checked="" type="checkbox"/> Hemorrhoids, black or bloody stools
9 <input type="checkbox"/> Stroke		32 <input checked="" type="checkbox"/> Muscle bone or joint problems
10 <input type="checkbox"/> GERD or ulcers	Review of systems (current or recent problem):	33 <input type="checkbox"/> Penile discharge
11 <input type="checkbox"/> Hernia or rupture	21 <input type="checkbox"/> Excessive fatigue or weakness	34 <input type="checkbox"/> Dysuria or trouble voiding
12 <input type="checkbox"/> Hepatitis, liver problem	22 <input type="checkbox"/> Abnormal weight gain or loss	35 <input type="checkbox"/> Skin problems
	23 <input type="checkbox"/> Chronic cough or hemoptysis	36 <input type="checkbox"/> Unusual Bleeding

Last TB Skin test ☐ Positive ☒ Negative Last Tetanus Date < 10 yrs

Current medications Allergies (food, medication, insects)
NKDA Bees

Chemical use: 1-2/dy
Tobacco: Occas. PPD 25 Years Problems with alcohol abuse: ☒ Yes ☐ No Past CD Treatment ☒ Yes ☐ No
Drugs (list): Cocaine, MJ History of IV Drug use: ☐ Yes ☒ No

Nurse's W. Johnson RV Date 10-21-09
signature/title

Comments on positive responses from PMH and RO8 (Identify by number)
 ① Construction accident Inc. to head, brief LOC
 ② Rt Ankle fx
 ③ Ringing in Rt ear (2 yrs ago noticed noise - sound ↑) reports exposure to loud noise/construction (now hissing) Lt starting.
 ④ Hemorrhoids noted prev. rectal exam (wants ROE Anoka Cty).
 ⑤ Rt leg / Lt knee crepitus

Past surgeries (Year and procedure) Hospitalizations (Year and reason)
 LAC repair / tendon repair - age 16
 2nd digit on Rt.

Practitioner C. Nelson signature/title
 10/26/09
 Offender Name, OID, DOB
 203279 9/16/1964
 MICHAELSON, BARRY SCOTT

Temp 96 ⁶	BP 118/77	Pulse 61	Resp 16	Height 5'7"	Weight 198	Visual acuity Uncorrected L 20/25 Corrected R 20/25	Conversational hearing <u>Normal</u> Abnormal																																																																																																																																																																																																
Physical Exam: (Check appropriate box, provide explanation for abnormal findings below)																																																																																																																																																																																																							
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STATE OF MINNESOTA
Department of Corrections

DATE & TIME	
09/10/10	ADMITTED TO MCF/SCL - On several meds for multiple stated diagnosis No immediate concerns. <i>W. J. H. W.</i>
0-30-09/1200	No chart #1 Received from CO. <i>W. J. H. W.</i>
11-12-09	SRD TRF AEXP WR 11-13-09 to PCF-FRB
1106	Vol 2 of 2 only. <i>W. J. H. W.</i>
1-13-09	Intake Health Screening Completed. No medical concerns. Concerned on getting his Zoloft + Lamictal medications. States he was dx. w/ bi-polar, ADHD + PTSD and has personality disorder. Discussed w/ offender how to contact Psych Services via kit. States he has no problems on these medications and feels good. Offender here before in 2004. Given info packet on Health Services. <i>R. D. Wright</i>
11/16/09	Signed up for sick call @ RLU but declined when it asked him. <i>W. J. H. W.</i>
12-1-09 1100	Offender had continued to receive risperidone medication after expiration date. On call Dr. Krueger notified and stated due to offender's diagnosis it was ok to continue current meds until offender can be seen by Psych services. Meds ordered from local pharmacy. <i>W. J. H. W.</i>
1-18-10	0900: AIMS screen complete. Rating "0". <i>W. J. H. W.</i>
	Name <i>Michaelson</i> <i>OTD 203279</i>
	Draw Date: <i>2-26-10</i>
	Labs <i>Lamictal</i>
	Signature <i>W. J. H. W.</i>
	Name <i>Michaelson</i> <i>OTD 203279</i>
	Draw Date: <i>3-24-10</i>
	Labs <i>EKG done</i>
	Signature <i>W. J. H. W.</i>

N 114C

203279

9/16/1964

MICHAELSON, BARRY SCOTT

PROGRESS NOTES

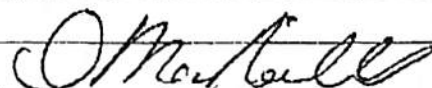
MINNCOR

STATE OF MINNESOTA
Department of Corrections

PRACTITIONER ORDER

NAME: Michaelson Barry CID 203279DATE: 8-10-10 TIME: ☐ AM ☐ PM

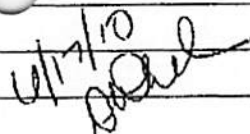
START: ① D/C Suspended 2ny ghs.
 ② Requested 1ny ghs x 7d, view off.
 ③ Lab: LFT's, Hepatitis Screen
 ④ Referred to Health Services re: LFT's 5-10
 ⑤ D/C Lamictal 100mg q AM
 ⑥ Lamictal 150mg po q AM x 180d.


DO NOT USE
IF NO NUMBER

PRACTITIONER ORDER

NAME: Michaelson Barry CID 203279DATE: 6/17/10 TIME: ☐ AM ☐ PM

START: Referral to psych re ZOLEPT usage - not taking
medication


DO NOT USE
IF NO NUMBER

PRACTITIONER ORDER

NAME: Michaelson Barry CID 203279DATE: 6/14/10 TIME: ☐ AM ☐ PM

START: ① Decrease Lamictal TO 100 mg po
 q AM x 120 DAYS

Michaelson Barry 06/14/10 11000

DO NOT USE
IF NO NUMBER

WRITE ORDER FROM BOTTOM TO TOP

DOC Ligons.Michaelson 0000783

STATE OF MINNESOTA
Department of Corrections

PRACTITIONER ORDERNAME: MICHAELSON, BARRYOID 203279DATE: 09/05/10

TIME: _____

☐ AM ☐ PM

START:

Rtc F/u on Hep C - next wkFrankDO NOT USE
IF NO NUMBER**PRACTITIONER ORDER**NAME: Michaelson, BarryOID 203279DATE: 08/30/10

TIME: _____

☐ AM ☐ PM

START:

Hepatitis C Viral Load & Genotype
Referral to Dr. [unclear] - ASAP - separate to go
back on RIGORALFrank(phone message left @ 1255 @ x 2780 - Dr. [unclear])
(sec. officer also notified @ 1255 @ x 2521)DO NOT USE
IF NO NUMBER**PRACTITIONER ORDER**NAME: MICHAELSON, BARRYOID 203279DATE: 08/23/10

TIME: _____

☐ AM ☐ PM

START:

Rtc F/u on Hepatitis screen - 1-2 wksFrankDO NOT USE
IF NO NUMBER

WRITE ORDER FROM BOTTOM TO TOP

STATE OF MINNESOTA
Department of Corrections

DATE & TIME	WT	TEMP	BP	P	R
8/30/10 1040	200	98.1	119/71	P	R 116
<p>↑ LFTs</p> <p>HCV AB(+) - not sure had done IVD drugs in FLORIDA in the '80s. Had discontinued RISPERDAL, but now want to go back on RISPERDAL.</p> <p>HCV AB(+) : ↑ LFT</p> <p>HCV viral load & genotype referral to psych ASAP</p>					
9/2/10 1135	203	98.3	120/73	P	R 114

Progress Note MCF-STW

MICHAELSON, Barry Scott

OID#203279

09/03/2010

S: The patient returns to clinic today for a follow-up on recent blood draw, which was for hepatitis C viral load and genotype. This blood draw was apparently done two days ago and the results have not yet been returned. Thus the patient is informed that he will be called again to clinic when the results have come in.

Stanley Quanbeck, M.D./Rrp/3270/Dictated, but not reviewed.

9-23-10	WT 200	BP 120/82	P 97	R 116
105	TX	FLU + HPC		Rx'd

Progress Note MCF-STW

MICHAELSON, Barry Scott

OID#203279

09/23/2010

S: The patient has returned for a follow-up on hepatitis C and that he was previously informed that the HCV antibody test was positive. This was followed with a HCV viral load and genotype, and he is now informed that the HCV viral load is in fact active with a count of 206,000 International Units per mL and that his type is 1B. The patient reports today that he is now beginning to have pain in the right upper quadrant with bloating and occasional pain into the right shoulder. He states that he has been reading up on hepatitis C and has been reading up on the various symptoms that may be associated with hepatitis C. He notes that before he had been told that he had hepatitis C, he had had no such complaints.

A: Hepatitis C with active viral load and type I genotype. Recent right upper quadrant pain.

P: Ultrasound of the liver and gallbladder to assess for possible gallbladder disease but more likely this is psychosomatic given his reading of possible symptoms of hepatitis C. Referral to nurse practitioner, Mariam for follow-up of the hepatitis C and as much as this patient is desirous of going ahead with treatment if possible.

Stanley Quanbeck, M.D./ss/5455/Dictated, but not reviewed.

20079

9/16/1964

OID

MICHAELSON, BARRY SCOTT

BRACHYONYX-3000

CONFIDENTIAL

STATE OF MINNESOTA
Department of Corrections

PRACTITIONER ORDER

NAME: Michaelson Barry OID: 203279DATE: 10/15/10 TIME: 1210 ☐ AM ☒ PM

START: 1) Start HAV & HBV vaccines

2) Obtain TSH

3) RTC in February 2011.

Heggen

10/15/10

1310

*C. Callahan*DO NOT USE
IF NO NUMBER

PRACTITIONER ORDER

NAME: Michaelson, Barry OID: 203279DATE: 10/10/10 TIME: ☐ AM ☐ PM

START:

RTC H. on 10/9 of Michaelson - next wk

Franklin

10-10

1542

*Franklin*DO NOT USE
IF NO NUMBER

PRACTITIONER ORDER

NAME: Michaelson, Barry OID: 203279DATE: 09/23/10 TIME: ☐ AM ☐ PM

START:

in house 10/9 of 10/10

referral to H. P. Miriam - Hype

*Franklin*DO NOT USE
IF NO NUMBER

WRITE ORDER FROM BOTTOM TO TOP

STATE OF MINNESOTA
Department of Corrections

DATE & TIME	
10-22-10	WT 98 TEMP 101.5 BP 118/82 R 18
1030	Flu US of abdomen

Progress Note MCF-STW

MICHAELSON, Barry

OID#203279

10/22/2010

S: The patient returns to clinic today for a follow-up on an ultrasound of the abdomen, which was ordered to assess for possible gallbladder stones. The report of the ultrasound shows that he does have gallstones without gallbladder wall thickening with the impression being cholelithiasis with possible cholecystitis, prominence of the spleen and possible fatty infiltration. The patient continues to complain of bloating and recurrent right upper quadrant pains. Given the ultrasound report that he has cholelithiasis with only possibility of cholecystitis I think at this time it would be prudent to refer him to gastroenterologist to evaluate whether he should proceed with a cholecystectomy.

A: Cholelithiasis with possible cholecystitis because of a positive Murphy sign, possible fatty infiltration of the liver, prominence of the spleen, hepatitis C genotype I with a viral load of 206,000 International Units per milliliter.

P: Offsite referral to gastroenterology for evaluation of the cholelithiasis with possible cholecystitis and continued symptoms.

Stanley Quanbeck, M.D./ss/8807/Dictated, but not reviewed.

8/10/11 Note dictated - 1254 - Ellerbusch JH

Progress Note MCF-STW

MICHAELSON, Barry

OID#203279

08/10/2011

S: The patient came to the Health Services. He evidently came from one of the shops and he had cut his left forearm approximately 3 inches above the wrist on the medial side. He evidently was lifting and caught his arm on an uncovered metal pipe causing a three-cornered tear in his skin. This will not stop bleeding. It has been bleeding quite a bit. The area was cleansed using Hibiclens and sterile water. The patient agreed to have sutures placed. Using sterile technique, the area was cleansed. Using 1% Xylocaine in a Tuberculin syringe, the area was injected. Using 4-0 Ethilon suture, four interrupted sutures were placed to close the laceration. The patient's tetanus diphtheria booster is current as of 2007. The patient was given Band-Aids to keep the area covered and that we would have him return in 10 days for suture removal. The patient did sign an approval to have the suturing done.

Judy Ellerbusch, CNP/isjr/1254/Dictated, but not reviewed

8-23-11 1905 WT TEMP BP P R 10d RTC - Flu suture removal - (Attended) (P)
 "Im req cancel of appt. Im removed
 sutures himself, stating "My mom told me
 to & she's a doctor." Im advised the
 wound needs to be seen for proper
 healing. Four pinpoint o/a's noted along
 wound which were scabbed. S/sx inf.
 Confirmed & NP. & need to be seen. -
 (Attended) (P)

203279

9/16/1964

OID

MICHAELSON, BARRY SCOTT

PRACTITIONER'S NOTES

MINNESOTA